

California's Child and Family Services Review System Improvement Plan

County:	Plumas County
Responsible County Child Welfare Agency:	Plumas County Department of Social Services
Period of Plan:	October 1, 2004 – September 30, 2005
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Date Submitted:	
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Signature:	

Plumas County System Improvement Plan

Local Planning Bodies

The Self-Assessment utilized input from the Self-Assessment Team, Plumas County Child Abuse Prevention Council (CAPC) and the Family Violence Prevention Coalition. The Self-Improvement Plan (SIP) utilized input from DSS and the SIP Team.

The Self-Assessment Team included representation from PCDSS, PC Mental Health, CA State Adoptions, PC Probation, Children's System of Care, Plumas Crisis Intervention and Resource Center (PCIRC), PC Special Education, and PC Public Health Agency

Plumas County Child Abuse Prevention Council is comprised of more than 25 people representing a broad range of partners across many organizations and sectors of the community including: PC Alcohol & Drug, Mountain Circle Family Foster Agency, Central Plumas Recreation District, business owner/community members, PC Probation Department, PC Social Services, Plumas Crisis Intervention and Resource Center (PCIRC), PC Child Care and Development Planning Council, Roundhouse Council, Environmental Alternatives Foster Family Agency, Plumas Rural Services (PRS) CHAT, PC Children's System of Care (SOC), PRS Family Focus Network, Healthy Start Family Resource Centers, parents, PC Public Health Agency (PCPHA), Plumas Children's Network, SFCO Head Start, and Almanor Basin Community Resource Center.

Family Violence Prevention Coalition is a broad based collaborative with representatives of schools, judicial system, health care community, faith community, law enforcement, social and human services and victim advocacy groups. Members providing input to the self assessment included PRS Domestic Violence Services, First 5 Plumas, New Born House Calls, First Baptist Church, Plumas County School District/Plumas County Office of Education, Victim Witness, and Women's Mountain Passages.

The Self Improvement Plan Team included representatives from public and community based organizations.

Name	Organization
Reginald Valencia	Plumas County Probation
Jim Pindell	Special Education, Plumas County Office of Education
Rita Scardaci	Director, PC Public Health Agency
John Sebold	Director, PC Mental Health
Elliott Smart	Director, PC Social Services
Carla Crawford	Manager, PC Social Services
Michael Mayes	PC Social Services
Carolyn Widman	Director, Plumas Crisis Intervention Resource Center
Michele Piller	Director, Plumas Rural Services
Janet Canty	Portola CARES
Kandi Whitly	Indian Valley Resource Center
Kate West	Director, Almanor Basin Resource Center

Colleen Davis

Coordinator, Child Abuse Prevention Council and Social Worker
for Environmental Alternatives Foster Family Agency

Janine

Director, Indian Valley Roundhouse Council

Findings that Support Qualitative Change

Child Welfare System Survey

As part of the self-assessment process, the members of the Plumas County Child Abuse Prevention Council and the Family Violence Prevention Coalition were asked to fill out the Child Welfare System Survey. The survey was completed by 23 people, 8 from public agencies, 10 from community based agencies, and 5 from other groups.

Effective Services. Respondents were asked to identify the top three effective services for prevention. They identified (1) parent education, mentoring, or support group (16 respondents); (2) intensive in-home, family maintenance, and home services (14 respondents); and (3) individual or family counseling (10 respondents). The top three effective services for helping parents reunify with their children were (1) intensive in-home services, home visits (16 respondents); (2) parent education, mentoring or support groups (12 respondents); and (3) parent child visitation (11 respondents).

Reunification Services Needed. In failed reunifications, the top three services identified as needed but not provided were (1) intensive in-home services, home visits (10 respondents); (2) wrap around services (7 respondents); and (3) family conferencing or decision making (6 respondents).

Permanency Plan Development. When asked how permanency plans are developed when reunification is not successful, survey respondents most commonly identified three options: (1) adoption & FR workers decide; (2) worker, parents, caregiver, child discussion; and (3) court decides. Five respondents identified each of these responses. The next most common response was “don’t know” (3 respondents).

Training. The top choices for training that helps staff do a better job were (1) conferences (13 respondents), (2) workshops (11 respondents), (3) inservices/in-house training (11 respondents), and (4) identification of issues (10 respondents). Five people responded to the question of what training is needed that is not available. One each said: most training is available; you name it, we need it; wellness for crisis personnel; financial management for small agencies; recap of applicable labor laws.

State and County Activities to Assure Availability of Quality Services. When asked what activities they are aware of, most respondents were aware of (1) investigations of alleged abuse/neglect in foster care (20 respondents), (2) licensing of foster providers (19 respondents), and (3) case complaint investigations (13 respondents). Very few people were aware of Judicial Council reviews or Division 31 County Compliance Review.

When asked which of the services were most effective in ensuring quality services, (1) investigations of alleged abuse/neglect in foster care (14 respondents), (2) case complaint investigations (12 respondents), and (3) licensing of foster providers (10 respondents) were ranked highest.

Communication with State and County. Respondents were asked “Do you feel that your input (opinions/ideas/concerns) regarding the child welfare or foster care system are solicited and/or heard by the county or state?” The most common response (9 people) was “Most of the time.” Almost all of the respondents (18) knew who to contact regarding their local child welfare or foster care agency.

Additional Comments. One person commented, “Historically I have found it frustrating to report child abuse and have no way of knowing if anything is done.”

Two people commented, “Family Resource Centers are aimed to become an integral part of welfare redesign as natural partners in the community. Current funding places centers at risk of keeping doors open.”

Service Provider Focus Group

The Plumas County Child Abuse Prevention Council meeting in June 2004 was devoted to the self-assessment process. Members of the Council were asked about the positive and negative impacts of existing services, collaborations, relationships, systems, funding, geography, or the lack of them on prevention, recurrence of maltreatment, reunification, youth transitions, and differential response. The group identified impacts and additional needs. This information was incorporated into the self-assessment.

Prevention Needs. The Self-Assessment identified additional needs for family supports, for funding to provide a variety of family supports, programming that is more sensitive to cultural diversity, and further education of the community about child welfare issues. Suggested supports for families included mentors for families and children, additional supports for teens and young mothers, long term family supports that are family centered and that build on family strengths, increased wrap-around services, and opportunities for families to give back to their communities. Suggested education for the community included information about how the child welfare system works, family rights, what services currently exist and how to access them.

Recurrence of Maltreatment. Providers suggested that Plumas County needed more resources that allow each community to be more responsible for family supports, such as more mentors for parents, rather than relying only on CWS. They also suggested that it was important to bridge the gap between formal/professional systems and informal/community systems.

Reunification. Providers suggested more education for foster parents so they would better understand the needs of the biological parents and be better able to mentor them. They suggested a greater connection between foster parents and biological parents.

Youth Transition. Youth require increased supports, additional housing, and employment options.

Differential Response. Providers stated the county needed additional resources to effectively implement differential response.

Use of Findings in the Self Improvement Plan

The SIP includes plans to improve four areas of concern that came from the self-assessment data collection.

1. Differential response is being addressed in the SIP as a way to improve safety outcomes.
2. Greater collaboration with community based organizations is addressed in the SIP as a way to enhance prevention, provide more effective services, and extend support to families.
3. Greater family and provider involvement in case planning is addressed in the SIP as a way to increase child safety, improve supports for at-risk families, and empower families to take control of their lives.
4. Increased focus on family strengths in case planning will enhance positive outcomes for children.

These four areas are included in three plan components:

1. Outcomes 1A and 1B – Recurrence of maltreatment. Recurrence of maltreatment will decrease as a result of standardizing the assessment process and bringing together families, Plumas County DSS social workers, and other service providers to develop and implement performance based objectives and strategies for families. These steps are critical in developing the underlying structures and community relationships for a differential response system.
2. Outcome 2A – Recurrence of abuse/neglect in homes where children were not removed. Recurrence will decrease as a result of bringing together PCDSS management, social workers, and partners to develop a working knowledge and understanding of differential response models and options. This children's services community will then implement a pilot differential response system for a selected Community Path caseload.
3. Systemic Factor: Collaboration. Increased child safety and supports for at-risk families, and more effective services will result from an increase in children's services coordination and collaboration. The community will establish a children and family services partnership to increase coordination and collaboration. The partnership will develop the team decision-making protocols for a pilot project and identify service resources and gaps.

ATTACHMENT A

V. SUMMARY ASSESSMENT

A. Outcomes

Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Compared to the state, Plumas County has tended to have a higher recurrence of maltreatment, both within 12 months of any substantiation and within 12 months of first substantiation. Plumas County had a 0% rate of abuse and/or neglect in foster care for the nine-month review periods. Current practice has emphasized investigation and intervention when the referral indicates a high-risk level. Early interventions and preventive practices have not been emphasized, funded, or necessarily legally mandated. The challenge will be to engage at-risk families earlier, to have the services available to assist them, and to make the process a community effort. The burden for all of this currently rests with Child Welfare both legally and historically.

Outcome 2: Children are maintained safely in their homes whenever possible and appropriate.

When children were not removed from their homes, the rate of recurrence in Plumas County is within one percentage point of the state rate.

The state data on timely social worker visits is inaccurate due to data entry problems within the PCDSS. PCDSS maintains a visitation schedule on paper however the visits do not always get recorded into the state data system. DSS ensures that visits are taking place through a series of policies and procedures. Child Welfare will need to continue to stress the need for complete and accurate data entry even considering all of the other mandates placed upon the social workers.

Outcome 3: Children have permanency and stability in their living situations without increasing reentry to foster care.

PCDSS has an excellent reunification record; few adoptions; and reasonable stability for children in foster care. While there are high rates of reunification, there are also high rates of re-entry, with lower rates of re-entry for first time placements. This pattern suggests that, over time, there are increasing numbers of difficult family situations that require ongoing rather than short-term services. Substance abuse and mental health issues are difficult issues to address and require intensive long-term interventions.

Outcome 4: The family relationships and connections of the children served by the CWS will be preserved, as appropriate.

PCDSS has almost two-thirds to three-quarters of children in foster care placed with all siblings, and almost to exactly three-quarters of children in foster care placed with some or all siblings. This substantially exceeds California's percentages. Compared to the state, PCDSS is more likely to place children initially in an FFA and primarily with an FFA and relatives. For point-in-time placements, over half of the children are with an FFA and over a third with relatives. The success of keeping children together and keeping them in the least restrictive settings is a

reflection of DSS commitment, FFA capability, and the close working relationship among these agencies.

There were no children identified as American Indian placed in foster care in the second or third quarters of 2003, which may be a result of, among other things, families not trusting the system or staying within their own community. At any rate, PCDSS needs to have greater communication with the Rancheria.

Outcome 5: Children receive services adequate to their physical, emotional, and mental health needs.

PCDSS has an excellent relationship with mental health, health, and community partners who can address the needs of children. However, PCDSS does not have a standardized assessment tool. Currently staff are using an informal structured decision making process. Staff also needs training in developing assessments that come from a strength-based perspective.

Outcome 6: Children receive services appropriate to their educational needs.

PCDSS works with Plumas Unified School District, which is responsible for assessing each child's educational needs and to ensure appropriate educational placement, and services as defined by their IEP.

Outcome 7: Families have enhanced capacity to provide for their children's needs.

Plumas County has a variety of services available to families including family advocates located at family resource centers in each community, Family Wellness and Family Development workshops through PCIRC, home visitation through a variety of home visitors including the newborn house calls program, public health nurses, and Family Focus Network in home educators. Child Welfare continues to explore with their community partners needed services needed by families to enhance their capacity to provide for their children's needs.

Outcome 8: Youth emancipating from foster care are prepared to transition to adulthood.

PCDSS contracts with Plumas Crisis Intervention Resource Center (PCIRC) for Independent Living Services. Other agencies, such as mental health and the Alliance for Workforce Development, provide some services. The two foster family agencies in Plumas County have opened or in the process of opening a transitional housing program for foster youth ages 16-19.

This is an area that requires focus and improvements. Housing and available mentoring remains a serious problem. Once children age out of the foster care system there are very few supports available to them.

B. Discussion of System Strengths and Areas Needing Improvements

1. Strengths of System

The combination of the commitment of PCDSS and other agencies to improving conditions for children and family, and conditions inherent in a small rural community provide a number of strengths.

Small County Advantage. People know each other in small communities. This facilitates formal and informal access to the child welfare system by community-based organizations. Professionals in the community have often worked at more than one agency during their careers, which facilitates collaboration and coordination of services.

PCDSS social workers work in a defined geographical area, which allows them to develop a close and informed relationship with the families they serve and with referral sources in the community. This permits closer scrutiny of the progress being made by the family. Often with this close support, families are able to make remarkable progress that tends to lead to high reunification rates. Once reunification takes place these same factors can lead to a high re-entry rate as the worker is in the same community often and therefore becomes aware of incidents that would easily be lost in a larger community.

Pilot Differential Response. Community programs and other county departments go out on referrals with a social worker, which allows appropriate services to be delivered on a timely basis.

Cross Agency Discussion and Access at the Managerial Level. People who come together to make decisions about families in community forums have the authority to commit resources to problem solving. Program Managers and Directors of county agencies are involved in a number of cross agency collaborations such as the Children's System of Care and Management Council.

Additional Strengths

- Accountability by professionals to parents, system, staff, resources. Agencies are not large bureaucracies in Plumas County. Directors know where the resources are going. Oversight and communication are easy to maintain due to smallness of the agencies and the communication between the agencies.
- Open communication and access among departments at the managerial level and at the line staff level.
- Mental health participates in child welfare staffings on a bi-monthly basis, which allows for a clearer understanding of the needs of the client and closer coordination of services.
- Culture that sees it as acceptable for women to be primarily in the home and sees being a foster parent as a desirable occupation for women.

2. Areas Needing Improvement

Assessment Tools/Process. PCDSS does not have a standardized or comprehensive assessment approach to safety. PCDSS has initiated the use of assessment tools in the past several years but are still in need of a standardized assessment tool such as Structured Decision Making. Currently, all referrals are staffed using a team approach with supervisor oversight and modified assessment tools are utilized.

The current intake and investigation process focuses on the allegation and determining if it is in fact substantiated, rather than identifying chronic issues that create stressors for the family. There is not an emphasis on strengths-based assessments.

Communication from PCDSS to referral sources is not always delivered in a timely manner. This leads to misunderstandings in the community about PCDSS activities.

Foster Homes. Quincy is the largest community in Plumas County and therefore has the largest percentage of youth. However, Quincy has very few certified foster homes by either foster family agency. The need for additional foster homes does not affect Quincy alone. The overall number of foster homes is inadequate (at times) to place all children from a family unit together. Sometimes children are placed outside of Plumas County because there are insufficient beds in the county.

There are insufficient families for special needs children, especially those with behavioral problems or mental illness. A barrier to children being adopted in Plumas County is our lack of a specialized care rate.

Foster parents can be more effective if they understand the needs of the biological parents. More education for foster parents to better understand the needs of biological parents would allow foster parents to be able to be better mentors to biological parents.

Support for Families. At-risk families need additional supports to prevent abuse and neglect. Parents need services so they can work with difficult children – such as Parent Child Interactive Therapy (PCIT). Additional supports, such as mentors, are needed for teens, young mothers, families, and children.

Families need earlier and more intensive interventions at the time of referral. Additional long-term supports, such as wraparound services and strength-based family-centered supportive services are also needed.

Families also need economic supports including employment, affordable housing, transportation, and affordable day care.

Education. The community needs additional information and education about how the system works, available services and supports, and family rights.

Service Fragmentation and Coordination. While Plumas County has made great strides in developing good working relationships across agencies, there is still a need for greater

coordination of services. Services are fragmented – in part due to changes in mandates and culture at State/Federal level. This becomes evident when DSS has a difficult case. Agencies involved each continue to have their own assessments as to what is needed. Greater interagency coordination is needed in managing the more difficult cases.

A system must be in place prior to the emergence of a crisis situation and often this hasn't been the case. The gap between formal/professional systems and informal/community systems must be bridged by integrating community services into the care plan and enabling the community to be more responsible for the well-being of families/children.

Data Entry. Recent on-site CWS/CMS training has indicated that new referrals may not have been entered appropriately thus skewing some of the reported data. Additionally, when DSS received their first data report on social work visits, they realized that they had not been diligent in putting all contacts into CWS/CMS. Since then, DSS has put a greater emphasis on data entry and has explored methods to complete the data entry. DSS will continue to pursue and will be purchasing hand held recorders for data collection in the field. Due to issues such as illness, high work duties, and competing priorities such as graduate school, it has been difficult for Social Workers to manage the work and do all the data entry. They have been making a greater effort to do this, and we continue to explore other options, such as an aide doing data entry, on site recording of the visits, etc.

Concurrent Planning. PCDSS has identified a need to improve their concurrent planning process and to improve the involvement of parents earlier in the process. There are no formal protocols for permanency planning.

Drug and Alcohol Services. Over sixty-five percent (65%) of this Department's referrals involve drug and alcohol issues such as the availability and use of illicit drugs or continued alcohol abuse. The small community precludes persons in recovery from severing ties with old acquaintances, drug involved family members and friends. There are very limited drug and alcohol services available. Until Plumas County develops better drug and alcohol services, the incidence of relapse and concomitant incidences of child abuse and neglect will continue to rise.

Funding. Additional funding is needed to address differential response and to develop most of the areas that need improvement.

Additional Service Gaps

- Public health nurse position needs to be filled
- PCDSS staff need greater access to on-site mentors and education
- PCDSS needs greater programming for cultural diversity
- Support for foster youth transitioning to adulthood
- Greater involvement with Indian tribes

C. Areas for further exploration through the Peer Quality Case Review (PQCR)

PCDSS participates in the regional meetings because it is recognized that by sharing information and hearing how others are conducting business, improvements can always be made. As a small county PCDSS does not have the resources such as staff analysts available to research and write policies and procedures. Often staff is attempting to implement new and complicated mandates without adequate training or assistance. A case in point would be the relative assessment process. Therefore PCDSS is open to a Peer Quality Case Review. PCDSS has dedicated and skilled staff and is doing the best with available resources. Management is always looking for the means and methods to improve methods of doing business.

Areas of exploration for the review could be as follows:

1. Strength-based assessments and family involvement
2. Increasing communication between PCDSS and the Native American population
3. Increasing involvement and coordination with other organizations
4. Concurrent planning

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Outcome/Systemic Factor: 1A and 1B – Recurrence of Maltreatment

Recurrence of maltreatment will decrease as a result of standardizing the assessment process and bringing together families, Plumas County DSS social workers, and other service providers to develop and implement performance based objectives and strategies for families. These steps are critical in developing the underlying structures and community relationships for a differential response system.

County's Current Performance: For calendar year 2003 the 6-month recurrence rate was 15.1%. For calendar year 2002, the 12-month recurrence rate was 21.1% for all children within 12 months of any substantiation and 25.4% for all children within 12 months of first substantiation. Current intake and investigation process focuses on the allegation and determining if it is in fact substantiated, rather than identifying chronic issues that create stressors for the family. There is no standardized assessment tool. Services are pulled out of the system too fast; six months is insufficient. Many of these families have drug/substance abuse issues and there are inadequate services available. Families often are not interested in ongoing voluntary involvement.

Improvement Goal 1.0 All PCDSS social workers will process referrals using the same criteria

Strategy 1. 1 Acquire assessment tool

Strategy Rationale¹ Social workers differ in their decision-making processes regarding leaving children in the home. A standardized assessment process will alleviate this issue. Clearly defined and consistently applied decision-making criteria will ensure a more thorough and complete assessment. Readily measurable practice standards, with expectations of staff clearly identified and reinforced, remove bias and assumptions in assessing a referral. Assessment results directly affecting case and agency decision-making while providing for supervisorial oversight ensure a more complete and individualized assessment.

Milestone	1.1.1 Research assessment tools	Timeframe	Month 3 (12/31/04)	Assigned to	Mike Mayes, Supervisor
	1.1.2 Purchase tool		Month 4 (1/5/05)		Elliott Smart, Director

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

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Strategy 1. 2 All PCDSS social workers will receive training in assessment tool			Strategy Rationale Training will ensure that all social workers have the same information about the assessment tool and how to use it.		
Milestone	1.2.1. Contract with consultant to provide training	Timeframe	Month 5 (2/05)	Assigned to	Elliott Smart, Director
	1.2.2 Provide staff training		Month 5-12 (2/28-9/30/05)		Training Consultant
Strategy 1. 3 All PCDSS social workers will use the assessment tool			Strategy Rationale Utilizing a standardized assessment tool will provide more consistent and reliable assessments of families leading to better development of objectives and strategies for families.		
Milestone	1.3.1 Use the tool	Timeframe	Month 5-12 (2/1-9/30/05)	Assigned to	Mike Mayes, Supervisor
	1.3.2 Evaluate the use and effectiveness		Month 6-12 (3/1-9/30/05)		Mike Mayes, Supervisor
	1.3.3 Provide additional training as needed		Month 6-12 (3/1-9/30/05)		Carla Crawford, Program Manager
Strategy 1. 4 PCDSS will provide information and training on the assessment tool to community partners			Strategy Rationale Community partners will improve their referrals to PCDSS and will be better able to offer supportive services if they understand how a situation is assessed.		
Milestone	1.4.1 Provide information and training to partners through the Child Abuse Prevention Council and the Community Partnership	Timeframe	Month 7 (4/05)	Assigned to	Carla Crawford, Program Manager
	1.4.2 Provide information and training to individual partner organizations		Month 8-12 (5/2-9/30/05)		Mike Mayes, Supervisor
	1.4.3 Provide additional training as needed		Month 9-12 (6/2-9/30/05)		Carla Crawford, Program Manager

Improvement Goal 2.0 Social workers, providers, and families will work together to develop and implement performance based objectives and strategies for families					
Strategy 2.1 Social workers will include families and current contracted providers when developing objectives and strategies			Strategy Rationale Including everyone involved with the family in making decisions about the family's intervention strategies and objectives leads to better service plans and greater commitment between providers and the family to implement plans. This, in turn, leads to a greater likelihood of success for families.		
Milestone	2.1.1 Talk with contracted providers about expectations and process	Timeframe	Months 1-2 (10/1-11/30/04)	Assigned to	Carla Crawford, Program Manager
	2.1.2 Train one social worker to work with families and providers as a pilot project to develop family objectives and provider expectations		Months 1-2 (10/1-11/30/04)		Carla Crawford, Program Manager
	2.1.3 Implement and evaluate process and revise as needed		Months 3-12 (12/1/04-9/30/05)		Carla Crawford, Program Manager
Strategy 2. 2 Contracted providers will implement strategies that meet the family's objectives			Strategy Rationale As contracted providers implement strategies that meet the family's objectives, families are more likely to be able to provide adequate care for their children.		
Milestone	2.2.1 Develop evaluation and monitoring procedures	Timeframe	Months 1-2 (10/1-11/30/04)	Assigned to	Elliott Smart, Director
	2.2.2 Implement and evaluate process and revise contracts as needed		Months 5-12 (5/1-9/30/05)		Elliott Smart, Director
	2.2.3 Revise provider contracts to include implementing strategies, reporting, and monitoring		Month 7 (4/05)		Elliott Smart, Director
Describe systemic changes needed to further support the improvement goal. Service Array: <ul style="list-style-type: none">Many families have drug/substance abuse service needs and more services are needed.The Self Assessment identified the need for additional family supports through community-based organizations that can provide strength-based family-centered supportive services. Case Review: <ul style="list-style-type: none">The Self Assessment identified the need for strengths-based assessment and for an assessment that identifies chronic issues that create stressors for the family. Agency Collaboration: <ul style="list-style-type: none">The Self Assessment identified that agencies have their own assessments and that greater interagency coordination is needed to manage difficult cases.					

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

- Families, community providers, and PCDSS social workers need training in how to work together to develop a service plan with measurable objectives that address identified family goals.
- Social Workers and community providers need training on strength-based assessments and case planning.

Identify roles of the other partners in achieving the improvement goals.

- Contracted providers (such as PRS, PCIRC, and Family resource centers) will work with social workers and families to develop goals and implement strategies based upon those goals using a team decision making process.
- Community providers will participate in training in strengths-based assessment.
- Community providers will help evaluate the effectiveness of the assessment process and service implementation.
- MOUs with community providers will be developed and in place during the planning process.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

- Family Maintenance time limits are not sufficient for some families. There are increasing numbers of families dealing with difficult and severe situations that require ongoing rather than short- term services. With federal and state limits of 18 months this timeframe will send more children into adoption or long-term foster care thus preventing many families from reunifying. We need a process that provides an extension of the reunification process in extraordinary circumstances.

Outcome/Systemic Factor: Outcome 2A: Recurrence of abuse/neglect in homes where children were not removed					
Recurrence will decrease as a result of bringing together PCDSS management, social workers, and partners to develop a working knowledge and understanding of differential response models and options. This children’s services community will then be part of the pilot differential response system for a selected Community Path caseload.					
County’s Current Performance: For calendar year 2002 the rate of recurrence of abuse/neglect in homes where children were not removed was 16%. The Self Assessment identified the need for earlier and more intense interventions for families. Also families who are only offered voluntary services often do not accept them or do not follow through with referrals to other providers.					
Improvement Goal 1.0 PCDSS management, social workers, and key partners will develop a working knowledge and understanding of differential response models/options.					
Strategy 1.1 Research & summarize available differential response models and best practices.			Strategy Rationale The way other states and counties implement differential response may provide viable models for Plumas County.		
Milestone	1.1.1 Research available models including Internet research, interviews with agencies using promising practices/models.	Timeframe	Month 3-5 (12/1/04-2/28/05)	Assigned to	Consultant
	1.1.2 Draft report summarizing research and emphasizing those models that best fit small rural counties.		Month 5 (2/28/05)		Consultant
Strategy 1. 2 Presentation and explanation of differential response models/options to PCDSS and key partners			Strategy Rationale Staff and partners have indicated that they are uncertain of what differential response means or how it will affect their jobs. Learning about the possible ways to use differential response in Plumas County will allow them to develop an understanding of and provide input into PC’s differential response plan.		
Milestone	1.2.1 Present draft report to staff and key partners and obtain feedback and any additional questions	Timeframe	Month 6 (3/1-3/30/05)	Assigned to	Consultant
	1.2.2 Additional research to respond to feedback and questions		Month 6-8 (3/15-5/31/05)		Consultant

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	1.2.3 Final report with recommendations for elements to be included in a Plumas County differential response plan.		Month 9 (6/30/05)		Consultant
Improvement Goal 2.0 Implement (as a pilot project) a differential response system for a selected Community Path caseload.					
Strategy 2.1 Develop a plan for the pilot differential response system for Community Path cases.			Strategy Rationale The written plan will provide guidance for implementation of the pilot project.		
Milestone	2.1.1 Research other county plans and implementation efforts.	Timeframe	Month 1-3 (10/1-12/31/04)	Assigned to	Consultant
	2.1.2 Develop differential response protocol with community workgroup.		Month 3-4 (12/1/04-1/31/05)		Consultant
	2.1.3 Develop criteria for caseload inclusion.		Month 4 (1/05)		Carla Crawford, Program Manager
Strategy 2.2 Implement pilot differential response system for Community Path cases.			Strategy Rationale Utilizing a pilot project will move us one step closer to an agency-wide shift to a differential response system. This will allow us to develop models of services suitable for our county for Community Path cases.		
Milestone	2.2.1 Identify & train social worker & other personnel.		Month 4-5 (1/2-2/28/05)		Mike Mayes, Supervisor
	2.2.2 Assign specific cases.		Month 4-5 (1/2-2/28/05)		Mike Mayes, Supervisor
	2.2.3 Evaluate pilot process. Revise as needed.		Month 6-12 (3/1-9/30/05)		Carla Crawford, Program Manager Consultant
Strategy 2.3 Work with community partners to implement services.			Strategy Rationale An essential element of differential response is coordination of services across agencies.		

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Milestone	2.3.1 Identify key partners to work on the pilot project.	Timeframe	Month 2-4 (11/1/04-1/31/05)	Assigned to	Carla Crawford, Program Manager
	2.3.2 Co-develop protocols and expectations for facilitated referrals and/or services with partners.		Month 3-6 (12/1/04-3/31/05)		Carla Crawford, Program Manager Consultant
	2.3.3 Implement protocols.		Month 6 (3/15/05)		Carla Crawford, Program Manager
	2.3.4 Evaluate protocols. Revise as necessary.		Month 7-12 (4/01-9/31/05)		Consultant
Describe systemic changes needed to further support the improvement goal. Service Array: <ul style="list-style-type: none">Many families have drug/substance abuse service needs and more services are needed.The Self Assessment identified the need for additional family supports through community-based organizations that can provide strength-based family-centered supportive services. Case Review: <ul style="list-style-type: none">The Self Assessment identified the need for strengths-based assessment and for an assessment that identifies chronic issues that create stressors for the family. Agency Collaboration: <ul style="list-style-type: none">The SA identified that agencies have their own assessments and that greater interagency coordination is needed to manage identified cases.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none">Social workers need training in how to assess referrals for differential responseTechnical assistance is needed to identify differential response modelsStaff and providers need training on strength-based approaches to family services					
Identify roles of the other partners in achieving the improvement goals. The following partners and potential partners will be asked to provide services to support families as part of the differential response pilot project. <ul style="list-style-type: none">PRS-Family Focus NetworkPCIRCFamily Resource CentersHome Visitation CoalitionNewborn House CallsCounty agencies: Alcohol and Drug, Mental Health, Systems of Care, Public Health Agency, ProbationMOUs will be developed and in place during the planning process					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. With the use of SDM tool there will be a more reliable and effective way to identify those families that do not meet the current legal requirement for intervention but remain in crisis and have children at risk. Early intervention will allow services to be provided before the need for court intervention. This may impact the number of hours that community partners work with families. Agencies will need to address fiscal issues on delivery of services without the legal mandate of the court.					

Outcome/Systemic Factor: System Factor: Collaboration						
Child safety, increased supports for at-risk families, and more effective services will result from an increase in children’s services coordination and collaboration. The community will establish a children and family services partnership to increase coordination and collaboration. The partnership will develop the team decision making protocols for a pilot project and identify service resources and gaps.						
County’s Current Performance: While Plumas County has come a long way toward developing collaborative relationships to improve outcomes for children, services are still fragmented and it is often difficult to fully engage in interagency coordination. The SA identifies key barriers. The present culture of Child Welfare lends itself to a single point of responsibility. PCDSS will need to overcome the resistance to changing the culture to one that is more inclusive and casts a net across a broader range of input. Additionally, agencies in Plumas County are small and have limited staff. It is difficult to take on much more than they are already doing. PCDSS is requesting more participation from them and efforts are being made to do this.						
Improvement Goal 1.0 Establish the children and family services partnership to address the needs of children and families in the child welfare system.						
Strategy 1. 1 Form a subcommittee of the Child Abuse Prevention (CAP) Council including providers, foster parents, and youth.			Strategy Rationale² The CAP council draws these groups together. The subcommittee will provide a forum to focus discussion on creating a viable partnership. By meeting under the umbrella of CAP council much of the stigma that is often associated with CPS will be dispelled. All members will feel they have a voice of equal value. The venue will facilitate open discussion and feedback.			
Milestone	1.1.1 Identify partners, community members		Timeframe	Month 1-2 (10/1-11/30/04)	Assigned to	Carla Crawford, Program Manager Consultant
	1.1.2 Hold 5 meetings, one every other month			Month 3-11 (12/1/04-9/30/05)		Consultant
Strategy 1. 2 Increase CWS staff knowledge about community services & provider understanding about child welfare services through partnership meetings.			Strategy Rationale A partnership can only thrive when people understand the roles of each agency. Furthering this understanding is an essential step in providing greater coordination of services.			
Milestone	1.2.1 DSS presents information on child welfare services and differential response planning		Time frame	Month 3 (12/1/04)	Assi gned	Carla Crawford, Program Manager Consultant

² Describe how the strategies will build on progress and improve this outcome or systemic factor

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	1.2.2 Community providers present information about their services, resources, and limitations		Month 5-7 (2/1-4/30/05)		Consultant
	1.2.3 CWS staff receives notes, updates, and other information from partnership meetings		Month 3-11 (12/1/04-8/31/05)		Carla Crawford, Program Manager Consultant
Improvement Goal 2.0 Increase coordination of services to children and families in the child welfare system					
Strategy 2.1 Develop protocols for team decision making pilot project			Strategy Rationale Team decision making brings agencies together to develop a plan for children and families. Creating a plan together is an effective tool for coordinating services.		
Milestone	2.1.1 Identify criteria for team decision making	Timeframe	Month 9-10 (6/01-7/31/05)	Assigned to	Partnership Consultant
	2.1.2 Identify participating agencies		Month 11 (8/15/05)		Partnership Consultant
	2.1.3 Draft protocol		Month 12 (9/30/05)		Partnership Consultant
Strategy 2.2 Develop a plan to utilize community providers in a continuum of services for children and families			Strategy Rationale Providing a continuum of coordinated services will build a collaborative service community which will provide better outcomes for children and families.		
Milestone	2.2.1 Identify existing resources	Timeframe	Month 7-8 (4/1-5/31/05)	Assigned to	Partnership Consultant
	2.2.2 Identify gaps		Month 8-9 (5/1/05-6/30/05)		Partnership Consultant
	2.2.3 Draft a plan to address the gaps		Month 11 (8/31/05)		Partnership Consultant
Describe systemic changes needed to further support the improvement goal. <ul style="list-style-type: none">Confidentially issues will need to be addressedChanging the culture of CWS to be more inclusiveChanging community perception about the purpose and services of CWS					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. <ul style="list-style-type: none">Staff training on community services and the role of community providers in the child welfare systemCommunity provider training on CWSStaff and providers training on team decision makingCommunity provider education and understanding of current CWS laws and regulationsGeneral community education about the services of CWS					

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- Courts need to understand the concept and importance of the “team” approach

Identify roles of the other partners in achieving the improvement goals.

- Child Abuse Prevention Council will facilitate CWS partnership committee
- Community providers (not yet identified) will participate in CWS partnership committee
- CWS Partnership committee will work together to develop protocols, procedures, expectations, definition of success, how community partners are integrated in CWS, and evaluation and monitoring of these systems
- MOUs will be developed and in place during the planning process

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Working with the courts on team responsibility for family outcomes